

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025860

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 223

FILED JUL 16 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Kirkville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirkville Osteopathic		d. STREET ADDRESS 105 West Filmore	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Bird Ragsdale Selsor		4. DATE OF DEATH Month 7 Day 11 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-11-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife-salad chef		10b. KIND OF BUSINESS OR INDUSTRY housewife-salad chef	11. BIRTHPLACE (City and state or country) Monroe County, Mo.
13a. FATHER'S NAME John Ragsdale		14. NAME OF HUSBAND OR WIFE Dr. W.L. Selsor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Miss Gwendolyn Selsor, 105 West Filmore	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 6/28/62	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease - decompensating; septicemia		7/11/62	
DUE TO (c) Acute inflammatory abdominal pathology			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Profound systemic; lower nephron nephrosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:45 a.m. p.m. Month, Day, Year 7/11/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 7/11/62	
21. I attended the deceased from 7/11/62 to 7/11/62 and last saw her alive on 7/11/62 Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wilson Leaks, MD		22b. ADDRESS 800 W. Jefferson, Kirkville, Mo	
22c. DATE SIGNED 7/12/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-1962	23c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	
23d. LOCATION (City, town, or county) Shelbina, Mo.		(State)	
24. FUNERAL DIRECTOR Dee Riley Funeral Home, 415 N. Franklin, Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. July 13, 1962	
26. REGISTRAR'S SIGNATURE W. F. Jackson		(Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued July 13, 1962

MILAN LESKO, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.